

Official Registration Form



For Office Use Only
30-3060
0884-542-0072-CQ

- **Registration/Refund Deadline:** Friday, June 19, 2015. Registration forms will be accepted after this date, but participants will be charged a **\$10 per person** late registration fee.
- Event organizers reserve the right to modify Project AWARE plans if environmental conditions are deemed too dangerous for river cleanup. If alternative plans need to be implemented, refunds cannot be granted unless requested before the registration/refund deadline.
- Registration may be limited and will be confirmed on a first-come, first-served basis determined by receipt of this form. When forms are processed, volunteers will receive notice of their status.
- Camping is provided for AWARE volunteers, but in the form of tent-camping only. No pets allowed.
- A limited number of canoes are available and will be provided on a first-come, first-served basis.
- Availability of Pre-Post Event Shuttles may be limited and will be provided on a first-come, first-served basis. Carpooling amongst volunteers to and from the event is strongly recommended.
- Registration fees cover the cost of your meals. It is recommended that you order meals, but not required. Meal availability cannot be guaranteed after **June 19, 2015**.
- Make checks payable to **IOWA DNR** and write **PROJECT AWARE** in the "Memo" portion of the check.
- Only one person may register per form.
- Volunteers must bring reusable dinnerware (plate, bowl, coffee cup, silverware) and at least two water bottles. Water, juice, and sports drinks will be provided in 10-gallon coolers to fill bottles. Pop will also be available. Wash basins will be available after meals to clean dishware.

Customer Name _____		Date _____
Street Address _____		
City, State _____	Zip Code _____	
Pay To The Order Of Iowa DNR		\$ _____
		Dollars _____
Memo: Project AWARE		

Name: _____ **E-mail:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ - _____

Phone (w/ area code): _____ **Ext:** _____ **Cell:** _____

T-Shirt Size (all volunteers receive one t-shirt at no cost): ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Would you like to buy an extra t-shirt for \$10? ☐ No ☐ Yes – ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Do you need a canoe? ☐ Yes ☐ No, I will be bringing my own: ☐ Canoe* ☐ Kayak ☐ Solo Canoe

* If bringing a tandem canoe, but you wish to paddle solo, check **Solo Canoe**. If you plan to paddle with a partner, check **Canoe**.

What is your paddling skill level? ☐ Beginner ☐ Intermediate ☐ Experienced

Do you have a Partner? ☐ No ☐ Yes – Who? _____

Will you be bringing your own PFD (life jacket use is mandatory on AWARE)?

☐ Yes – Please make sure it's appropriately sized.

☐ No – An orange "keyhole" style PFD will be available if you check this box. These tend to be uncomfortable, and since PFD use is required, it's recommended that you bring your own.

Have you ever completed an IOWATER workshop? ☐ Yes ☐ No

The use of Project AWARE shuttle services is not required. For detailed shuttle information, please visit the Project AWARE website – www.iowaprojectaware.com.

Pre-Post Event Shuttle – Free

Will you be using a Pre-Post Event Shuttle on **Saturday, July 11th** and/or **July 16th**? Shuttles on the 16th return to Iowa City and Des Moines late afternoon.

☐ **No**

☐ **Yes** – Please select from the shuttle options below:

☐ Wapsipinicon State Park (Anamosa) Shuttle (12:30 pm) – **Leaving a vehicle?** ☐ Yes ☐ No

☐ Des Moines Shuttle (11:00 am) – **Leaving a vehicle?** ☐ Yes ☐ No

☐ Iowa City Shuttle (12:00 pm) – **Leaving a vehicle?** ☐ Yes ☐ No

Daily Shuttles – \$20 per person per day – Shuttles depart daily at 5:00 pm

Due to the exceedingly limited parking availability at sites along the AWARE route, the use and daily shuttling of personal vehicles on AWARE is strongly discouraged. Daily shuttles, however, will be available at a cost of \$20 per person per day. This shuttle service will take participants back to the previous night's camping location only, so if you plan to participate on AWARE for multiple days, you must use and pay for the shuttle each day. Pre-registration for daily shuttles is not available – to use a shuttle you simply sign up and pay onsite. **PLEASE NOTE:**

- An e-ride board is available on the AWARE website, and a ride board will also be available onsite to help volunteers work with one another to make their own shuttle arrangements.
- Daily shuttles will not be necessary on Tuesday July 14. If you plan to volunteer any of this day, simply join the AWARE group by 7:00 am at the campsite – Pinicon Ridge Park (July 14th).

Three daily meals (breakfast, lunch & dinner) = \$22.00 All meals for the entire event = \$110						
When will you arrive/depart?			Please indicate which meals you will be purchasing.			Calculate your registration fee
AM	PM		Breakfast	Lunch	Supper	Daily Totals
<input type="checkbox"/>	<input type="checkbox"/>	Saturday, July 11	N.A.	N.A.	<input type="checkbox"/> \$9.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Sunday, July 12	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$9.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Monday, July 13	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$9.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Tuesday, July 14	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$9.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Wednesday, July 15	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$9.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Thursday, July 16	<input type="checkbox"/> \$7.00	<input type="checkbox"/> \$6.00	N.A.	\$
* Late registration fee applies if registering after June 10, 2015						+ \$10.00 if after June 20, 2014*
To purchase an extra Project AWARE t-shirt, please add \$10.00						+ \$10.00 if you want an extra t-shirt
Make checks payable to IOWA DNR and write PROJECT AWARE in the Memo line						Total Registration Fee:
						\$

For a complete menu, please visit the Project AWARE website. Sack lunches, drinks, and ice will be distributed with breakfast each morning – please bring a cooler, water bottle(s) for drinks, and a container to hold ice.

Do you have special dietary needs? *Vegetarian, vegan, and other menu alternatives may be available, but can only be guaranteed if ordered by June 19, 2015.*

☐ **No**

☐ **Yes** – How may we accommodate those needs?

PARTICIPATION REQUIREMENTS, SAFETY INFORMATION, RELEASE & WAIVER OF LIABILITY



Are you 18 years old or over?

☐ Yes

☐ No – Complete this form **and** a Youth Participation Agreement found on the Project AWARE website.

This Release and Waiver of Liability (the “Release”) is executed by _____ (the “Volunteer”) in favor of the State of Iowa, Iowa Department of Natural Resources (DNR), DNR’s director, Board of Regents-State of Iowa, The University of Iowa, Iowa State University, University of Northern Iowa, any canoe outfitter, federal, state, county, city or other agencies, partners, cooperating landowners, volunteers, coordinators, sponsors, and any of the offices, servants, agents and employees of the aforementioned entities (hereinafter referred to as “Releasees”). The Volunteer desires to work as a volunteer for the DNR and engage in activities related to being a volunteer (the “Activities”). The Volunteer hereby freely, voluntarily, and without duress executes this Release for the Volunteer’s self, personal representatives, heirs, and next of kin under the following terms:

Release and Waiver: Volunteer does hereby release, forever discharge, covenant not to sue, and hold harmless the Releasees and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities on behalf of the DNR.

Volunteer understands that this Release discharges the DNR from any and all liability or claim that the Volunteer may have against the DNR with respect to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with DNR, whether caused by the negligence of the Releasees or others. Volunteer also understands that the DNR does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge the Releasees from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with the DNR.

Assumption of the Risk: The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, river cleanup, loading and unloading, transportation, paddling, camping, and any other event-related activities. The Volunteer understands that he or she always has the right to refuse to perform any Activity that the Volunteer feels he or she is unqualified to perform or that the Volunteer deems to be unsafe.

Volunteer hereby expressly and specifically assumes full responsibility for the risk of bodily injury, harm, or death in connection with the activities he or she may perform, and release the State of Iowa, DNR, its director, board of regents-State of Iowa, the University of Iowa, Iowa State University, University of Northern Iowa, any canoe outfitter, federal, state, county, city or other agencies, partners, cooperating landowners, volunteers, coordinators, sponsors, and any of the offices, servants, agents and employees of the aforementioned entities from any and all liability for injury, illness, death, or property damage arising out of, or resulting from, the activities.

Insurance: The Volunteer understands that, except as otherwise agreed to in writing by the DNR, DNR does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto DNR all right, title, and interest in any and all photographic images and video or audio recordings made by the DNR during the Volunteer's Activities with DNR, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Iowa. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

The volunteer and parent/legal guardian, by signing below, also agree to the following:

- Personal Floatation Devices (PFDs – life jackets) *are required* to be worn at all times when participants are in a vessel on the water. Children require appropriately-sized PFDs. It is the responsibility of the participants to supply appropriately-sized PFDs for themselves.
- All participants must portage around all low-head dams.
- Parents/legal guardians and/or authorized adult companions of children under 18 years of age will be responsible for the child's safety. By signing below, the parent/legal guardian of the minor agrees to the terms and conditions of this waiver, and authorizes the designated legal adult named below to be responsible for the minor.
- If paddling a multi-passenger vessel, all persons under the age of 16 must be accompanied by a legal adult in said vessel. If paddling a vessel solo, all persons under the age of 16 must be within visual sight of their parent/legal guardian or authorized adult companion.
- All Project AWARE volunteers must adhere to the following code of ethics:
 - Volunteers request permission from landowners to access private property
 - Volunteers offer explanations of who we are and what we are doing
 - Volunteers respect property owners' rights and do not harm private property
 - Volunteers take complete responsibility for their personal safety

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

IN WITNES WHEREOF, Volunteer has executed this Release as of the day and year written below.

<div></div> <div>Signature of Volunteer</div>	<div></div> <div>Printed Name of Volunteer</div>	<div></div> <div>Date</div>
I/we _____ (name(s) of parent/legal guardian) authorize _____ (name of child) to be accompanied on the trip by _____ (name of authorized adult companion).		
<div></div> <div>Signature(s) of Parent/Legal Guardian</div>	<div></div> <div>Printed Name(s) of Parent/Legal Guardian</div>	<div></div> <div>Date</div>
<div></div> <div>Signature of Authorized Adult Companion</div>	<div></div> <div>Printed Name of Authorized Adult Companion</div>	<div></div> <div>Date</div>

A.W.A.R.E. Medical History Questionnaire



We would like to have this questionnaire on file in case of a medical emergency.
Filling out this form could provide us with important information if you are injured.

Name: _____ Age: _____ Year of Birth: _____

Gender: ☐ M ☐ F Occupation: _____

Guardian Name (if <18 yrs.): _____ Guardian Phone: _____

Physician Name: _____ Physician Phone: _____

In Case of Emergency, Contact: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

☐ Yes ☐ No Are you allergic to any medication (aspirin, penicillin, etc?) List: _____

☐ Yes ☐ No Do you take any medication? List: _____

☐ Yes ☐ No Have you ever been told by a doctor that you have epilepsy? When: _____

☐ Yes ☐ No Have you had recent surgical operations, accidents or injuries? When/What: _____

☐ Yes ☐ No Have you been "knocked out" unconscious, had a concussion or head injury? When: _____

☐ Yes ☐ No Are you pregnant?

☐ Yes ☐ No Do you wear glasses? ☐ Yes ☐ No – Contact lenses?

Date of last tetanus immunization: _____

Please check any of the following medical conditions you have had within the last 5 years:

☐ Hay fever or allergies (especially to bees, ants, etc.) ☐ Heart disease ☐ High Blood Pressure

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Fainting Spells

Do you have any of the following training/skills: ☐ Doctor ☐ Nurse ☐ EMT ☐ First Responder

☐ ACA Certified Instructor ☐ Water Rescue ☐ CPR ☐ First Aid Other: _____

Is there anything else about your health we need to know in case of an emergency?

Signature: _____ Date: _____



Project AWARE Survey
Wapsipinicon River Watershed – July 11-16, 2015

Dear Project AWARE Volunteer:

By completing this survey, you will not only be helping to evaluate and assess the 201 event, but you will also help improve the future direction and implementation of Project AWARE. Thank you, and see ‘ya on the river!

How important are the following as part of your Project AWARE experience?	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant
• Increase my knowledge and understanding of watersheds – what they are, how they affect rivers, and where I live within one.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Increase my knowledge of current environmental issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Learn what things I can do personally to help benefit the environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understand how rivers function - how they flow, meander, and erode, why they flood, the importance of plants on riverbanks, and impacts of channel straightening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Connect with other people interested in rivers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Learn or improve paddling skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Observe and learn about wildlife found in and around rivers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Learn about and appreciate the beauty, uniqueness and value of the landscape and local scenery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understand what “water quality” means and how it applies to rivers..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Learn how to use monitoring to test the quality of a river.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rid the banks of Iowa’s rivers from unsightly trash.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other important items: _____				

How often do you participate in the following activities?	I don’t participate	Every other year	1-2 times a year	3-5 times a year	Monthly	Weekly
• Camping in Iowa parks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Paddling Iowa rivers/ lakes/streams.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recycling household waste products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Composting household or yard waste products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Volunteer for local river or land-based cleanup events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Volunteer to collect water quality data from Iowa waterbodies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Volunteer for community improvement projects.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever done any of the following in Buchanan, Linn, or Jones County? (Please indicate locations for each activity)

- ☐ Never recreated in Buchanan, Linn, or Jones County.
- ☐ Camped in Buchanan, Linn, or Jones County: _____
- ☐ Paddled Buchanan, Linn, or Jones County streams/rivers: _____
- ☐ Used trails in Buchanan, Linn, or Jones County parks: _____
- ☐ Fished in Buchanan, Linn, or Jones County lakes, ponds, and/or rivers: _____

Thank you for your time and consideration!